only be obtained by supra-vaginal hysterectomy, and it is a satisfaction to see the statistics of this very formidable operation improving.

DR. JOHNSON also presented a

UNILOCULAR CYST OF THE OVARY.

This is a case of simple unilocular ovarian cyst which was removed last Thursday morning from a lady in Providence Hospital. There is little of interest connected with it, except that there were firm and dangerous adhesions to the vermiform appendix and to the intestine just below it. She and her husband both inform me that she was not long ago under the care of a gynecologist who assured them positively, both verbally and by letter, that there was nothing the matter except an unusual deposit of fat. The cyst and contents weighed just twelve pounds.

The lady, Mrs. P., 23 years of age, is the mother of two children, the youngest being 4 years old. Had a miscarriage three years ago, since which time she has been slowly increasing in size. She came to me from Fall's Church, Va. Drs. Lincoln and Busey agreed with my diagnosis, and with me recommended immediate operation. I sent this lady to Providence Hospital on Monday week, and operated on the following Thursday morning, in the presence and with the assistance of Drs. Hamilton, Cutts, Cuthbert, and the resident physician. The patient rallied well and has not had a symptom of any kind. Her highest temperature has been 100 and her highest pulse 92. She has had no pain and has taken no medicine except one suppository of 10 grs. of quinia and ¼ gr. morphia just after being placed in bed—and that was unnecessary. She is now in her seventh day.

# FOREIGN CORRESPONDENCE.

## LETTER FROM PARIS.

(FROM OUR OWN CORRESPONDENT.)

*Lateral Deviation of the Phalanges of the Index Fingers—The Action of Alcohol, Pepsin, and Alkalies on Digestion—Inoculability of Varicella.*

A curious example of teratology was recently brought to the notice of the Academy of Medicine in a family consisting of a mother and three children, who were all four the subjects of the same malformation, viz: lateral deviation of the phalanges of both index fingers. It would appear that such another example of this deformity has never been recorded, and of course some explanation was looked for. The deformity was evidently hereditary, as the subjects had not been injured, nor are they rickety. An explanation was proffered by the mother, who stated that her mother's mind was frequently impressed, during her pregnancy, with the form of a lobster, the claws of which offer some analogy with her deformed fingers and those of her children. Moreover, the mother had suffered great anxiety lest her offspring should be born with the same deformity; this idea preyed so much on her mind that she declared that if she had another child with the same deformity she would commit suicide.

M. Guérin considered this malformation to be purely articular, and believed that by dividing the lateral ligaments, which appeared to him to be the immediate cause of the deformity, the fingers could be straightened. M. Trélat, however, does not consider the deformity as being due to an articular lesion, but thinks that it is of an osseous nature, so that M. Guérin's remedy would be of no avail. Moreover, the deformity being manifestly hereditary, it would be useless to perform any operation in view of overcoming its transmissibility, as such deformities are of the nature observed in some of the lower animals, and which constitute fixed types among them; as is the case with dogs with crooked legs and tails. But when the deformity is accidental or artificial it is not transmissible.

After a communication made by M. Vigier at the Société de Thérapeutique on the action of alcohol, pepsine and alkalies on digestion, a debate took place, the conclusions of which may be summed up thus; 1. The ingestion of a small dose of alcohol increases the acidity of the gastric juice, and, as a consequence, may assist digestion in subjects whose gastric juice may be deficient of acidity, and becomes injurious in the opposite condition. 2. Care should be taken not to associate the bicarbonate of soda or of magnesia in any digestive powder containing pepsine. Dr. Dujardin-Beaumetz remarked that alkalies administered in strong doses (5 to 6 grammes) destroy the gastric juice, as was shown by M. Richet. Consequently, the physician should avoid prescribing mineral waters containing that quantity of the bicarbonate of soda, as in that case they can only produce bad results as far as the digestion is concerned.

At a recent meeting of the Société Médicale des Hôpitaux, a debate took place on the inoculability or non-inoculability of varicella. Dr. Dumontpallier, after a long argument, came to the following conclusions: 1. Varicella is a specific malady distinct from variola and vaccina. 2. Varicella is a contagious malady, but not inoculable. A. B.

# DOMESTIC CORRESPONDENCE

## LETTER FROM NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

*Progress in Bright's Disease—Electricity in Gynecology—Relations of Physiology to Medicine—The State Medical Association; Address in Physiology; Address in Pathology; Election of Officers; the Library; Treatment of Spondylitis.*

The last meeting of the New York County Medical Association, which was held at the Murray Hill Hotel on the eve of the meeting of the State Association, was one of great interest. On this occasion Professor Austin Flint read one of those characteristically clear and comprehensive papers for which he is so noted, expressed in the terse and lucid diction of which he is so complete a master. His subject was "Elements of Prognosis in Bright's Disease," and, as might be supposed from his extended and ripe experience, it was one on which he could speak with

authority. Having referred to the prevalent notion that an individual with Bright's disease was in the situation of a criminal condemned to death, and even in a worse predicament, from the fact that there was always a possibility of the latter securing a pardon or reprieve, he went on to speak of the circumstances which in many instances would be likely to modify the prognosis. Acute nephritis, he said, was not, as a rule, followed by the chronic form of the disease, nor characterized by any renal lesion; and the same was true of the subacute nephritis, such as often follows scarlatina, for instance. It was to be remembered, also, that an acute, diffuse tubular or desquamative nephritis might be met with as an intercurrent affection in the course of chronic Bright's disease. Under such circumstances a problem was presented which could not at once be definitely settled, since we could not be certain whether the grave symptoms noted were connected with the chronic trouble or whether they were significant of an acute attack of nephritis which would soon subside, and leave the patient in the same general condition as before. It was to be noted, however, that when an attack of the latter kind did occur, it was very apt to leave the patient with a tendency to recurrent trouble of similar character.

In chronic Bright's disease the affection might remain latent for a long time. In order that the prognosis might be a comparatively favorable one, when it had declared itself, it was necessary that the kidneys should not be damaged beyond a certain point, and that the important organs of the body other than the kidneys should be capable of satisfactorily performing their functions, while the laws of health in general were carefully observed. If these conditions were maintained, even though the kidneys were damaged to the extent of one-half, the patient might continue to live in a fair state of health. Chronic Bright's disease might exist, without discomfort to the patient, for years, and then at length the pathological process in the kidneys involve the organs to such an extent that they could no longer perform their functions; or, the accessory conditions might become sufficiently changed to give rise to serious trouble. The object of treatment, therefore, was to prevent further advance of the disease in the kidneys and to maintain favorable accessory conditions. In view of these facts, it could be readily seen how important it was to make an early diagnosis. The diagnosis made, the essential point was to see that a sufficient elimination of excrementitious products was carried out by the kidneys. It was very easy to determine whether the elimination was sufficient or not by simply ascertaining the quantity of urine passed in the twenty-four hours, and testing the specific gravity with the urniometer. If it was found that there was renal adequacy, the indication for diuretics, sudorifics, and hydragogue cathartics was not present, and they would only do harm.

The diminution of excrementitious eliminations was not a necessary indication of danger from uræmia, because vicarious elimination might take place and tolerance thus be established. The prognosis of uræmic coma in chronic Bright's disease was naturally grave; but at the same time patients not infrequently recovered from it. It might possibly be due to an intercurrent attack of nephritis, or to the fact that tolerance was not established in the system. When there was pulmonary œdema and dyspnœa, there was a chance of the patient's recovery; but if there were present what is known as renal asthma (which is not due to any condition of the lungs whatever, but in all probability to the effect of a poison upon the nerve centres), it was to be regarded as of fatal import.

At the meeting of the Academy of Medicine on November 5, Dr. Paul F. Mundé read a practical paper on "Electricity as a Therapeutic Agent in Gynecology," the object of which, he said, was to popularize, so far as he was able, this method of treatment in the department of medicine in question. In the introductory part of it he referred to the following points as of importance to remember in this special application of electricity:

1. The galvanic current is far more generally useful than the faradic, which, as a rule, has a stimulating effect, while the galvanic acts as a sedative.

2. A mild, steady current will answer every purpose better than a powerful interrupted one. The faradic current, on the other hand, is useful in proportion to its strength.

3. Whenever the constant current causes pain, it is doing harm.

4. It is of little consequence which pole is placed within the body, provided care be taken that the current is not too strong. There is, however, one marked exception: In cases in which there is circumscribed pain, the positive pole is the one to be placed near the painful point.

5. It is safest to begin with a very weak current, and gradually increase its strength to any desired point.

6. When internal electrolization is to be employed, it is always best to introduce the internal pole upon closing the connection, on account of the sensitiveness of the external parts.

7. To be of any service, it is necessary that the treatment should be continued for a long time. As a rule it is quite useless to make applications less frequently than twice a week, and in many cases they should be made every other day. The treatment should last for from three to six months.

8. The results of faradization in chronic affections are less favorable than those of galvanism; but, while relief from pain and an amelioration of the general condition is very often obtained by this means, a complete cure is usually not to be looked for.

Dr. Mundé then spoke of a number of conditions in which he had employed electricity with considerable success. In speaking of its use in subinvolution, he said that when the case was of recent date and attended with menorrhagia, the faradic current was indicated; but afterwards the galvanic was the one to be used, although it was not advisable to introduce the electrode inside the uterus. In speaking of chronic inflammation of the ovaries and Fallopian tubes, he said the only *cure* was salpingo-oöphorec-

tomy. In Tait's hands this had proved an operation comparatively free from risk, but no other operator had met with the same extraordinary success. In addition to the danger under ordinary circumstances, however, there was a grave objection to subjecting young married women to an operation which deprives them of all hopes of offspring, especially as there was a possibility of pregnancy occurring. The radical operation should be deferred, therefore, until all other measures had failed to give any relief, except in those cases in which imminent danger to the patient calls for its prompt performance. He had seen very great benefit derived from paliative treatment, and the use of electricity was often of important service in supplementing other local measures.

In speaking of the treatment of uterine fibroids by electrylosis, he referred to a case of Dr. Fowler, of Brooklyn, which he saw in consultation, and which was afterwards reported cured by this method. Dr. Fowler was present at the Academy, and in the discussion which followed the reading of the paper he related the details of this case, and also reported two or three others which had been cured by the treatment.

The conclusions which Dr. Mundé gave at the end of his paper were somewhat as follows:

1. Electricity is a valuable agent in gynecology, and one which deserves to be much more frequently resorted to than is now the case.

2. Its application in gynecological practice does not require special skill in the use of electricity.

3. The remedy, if properly used, cannot do harm.

4. It is of especial service in chronic conditions, and no pain is caused if the galvanic current is employed.

5. The faradic current is indicated in deficient development and want of tone in the sexual organs.

6. The galvanic current is to be used for the purpose of promoting absorption of adventitious products and allay pain.

7. This method of treatment requires perseverance and the exercise of much patience.

8. It is contra-indicated in acute and sub-acute inflammatory conditions.

9. The pathological conditions in which electricity proves useful are those in which other treatment often fails, or cannot be borne by the patient.

10. In organic diseases a permanent cure or a restoration of the diseased organs to perfect health cannot be expected; but very marked relief, and that without danger, may often be afforded by means of electricity.

At the recent meeting of the State Medical Association, the Address in Physiology, entitled "Some of the Relations of Physiology to the Practice of Medicine," was delivered by Prof. A. Flint, Jr. A considerable portion of it was devoted to the bearing of the examination of the heart in health on that of the heart in disease, and the importance of an accurate knowledge of cardiac physiology in judging of the pathological condition of this organ. When, he said, a student had fully mastered the physiology of the heart, the recognition of abnormal sounds was easy; but without this thorough knowledge, the whole matter was a sealed book. Indigestion and dyspepsia in their various forms constituted a class of affections which it was not easy to treat intelligently; and the more extensive the physician's knowledge of the process of digestion in all its details, the more successful would be his practice in this field. Having referred to the benefit to medical science which physiology had conferred in the matter of localization in the encephalon and the discovery of the sugar-making function of the liver, he went on to speak of the practical bearing of the knowledge of heat-production in the animal economy for which we were indebted to the physiologist. Now it was the custom to feed fevers in order to supply the excessive demand for heat-production, and thus effect the conservation of the vital forces. This by no means increased the body-temperature, but, on the other hand, actually reduced it. Alcohol was, therefore, of the highest possible advantage in appropriate cases, and one ounce of good French brandy represented a value of no less than thirty-four heat-units. Under such circumstances it was undoubtedly consumed at once in the system, and hence might be given in large quantities without any injurious consequences, when the same amount given in health would pass to a large extent into the blood, and produce intoxication.

He then spoke of the use of the hydrocarbons in phthisis, and of the abnormally low temperature met with in diabetes; after which he touched upon the subject of vaccination, the discovery of which Jenner had described as distinctly physiological. The conclusion of the address was devoted to some consideration of the modern application to pathological investigation of the methods which had long been practised in physiological research, and which had led to the greatest discovery in pathology since that of vaccination; Koch's demonstration of the bacillus tuberculosis having opened up a field which was illimitable in extent. Henceforth physiology and pathology would go hand in hand, and the ideal pathologist would be profoundly versed in physiology no less than the ideal physiologist would be profoundly versed in pathology.

The Address in Pathology was delivered by Prof. Edward G. Janeway, who gave a *résumé* of the latest advances in this department, and in speaking of the growing interest in the subject of micro-organisms which was now manifested by the profession in this country, made a strong plea for the desirability of admitting scientific books and apparatus into the United States free of duty. Most of the young men who were devoting themselves to pathological research here were poor, and he thought it disgraceful that it should be necessary to pay for a microscope in New York just what the same instrument would cost in Germany. Was it not time, he asked, that some one was memorializing Congress on this subject?

The officers of the Association elected for the ensuing year were as follows: President, Dr. E. M. Moore, of the Fourth District; Vice-Presidents, Drs. Wm. Gillis, First District; H. C. Van Zandt, Second District; Frederick Hyde, Third District; and D. Guernsey, Fifth District; Recording Secretary, Dr. Caleb Green, of Homer, Cortland County; Corres-

ponding and Statistical Secretary, Dr. E. D. Ferguson, of Troy; Treasurer, Dr. J. H. Hinton, of New York; New Members of the Council, Drs. E. M. Lyon, 1st District; I. H. Abell, 2d District; T. W. Ross, 3d; S. T. Clark, 4th, and E. S. F. Arnold, 5th District.

Dr. J. W. S. Gouley, of the Committee on Library, reported that there were now in the library, which occupies a commodious chamber in the Carnegie Laboratory building, no less than 3,450 volumes and medical journals, and that it contained many rare and valuable works and complete sets of many important journals. Much praise was due to Dr. E. F. F. Arnold for his self-denying labor in arranging and cataloguing the collection. At the last session of the Association, the Corresponding Secretary announced that next year the work of the annual meeting would be so arranged as not to occupy more than three days, and that at least one evening of the session would be left entirely free.

The meeting was brought to a successful close by a most attractive clinical lecture, at the Carnegie Laboratory, by Prof. Lewis A. Sayre, on the "Treatment of Spondylitis or Caries of the Spine by partial suspension and the plaster-of-Paris jacket, and the Treatment of Rotary Lateral Curvature by Gymnastics and partial Suspension, and the Plaster-of-Paris Corset." The reason for giving such a demonstration at this late date was, he said, that although the matter had been repeatedly brought to the attention of the profession, it was still evident that the practical application of the methods which he had so long inculcated was still very imperfectly understood by the great mass of practitioners. These methods had received the cordial approval of the highest authorities in orthopædic surgery in every civilized nation in the world, and yet one could read in the twentieth annual report of a large public institution in the city of New York especially devoted, to a large extent, to the treatment of the class of deformities involved, the statement that "the use of extension for disease of the joints or the application of the plaster-of-Paris jacket was never allowed in the hospital." Though the individual opinion of the medical man in charge of this institution might not be of much consequence, it became a serious matter when this opinion became endorsed (as it was by their names appearing on the consulting staff of the hospital) by some of the most distinguished surgeons in the city or the country. Again, he said, scarcely a day passed but what some patient was brought to him from a distance, who had been suffering the greatest agony from the defective mechanical devices which had been employed in the treatment of his deformity. Yet these were almost invariably immediately relieved when a proper dressing was applied in the case, and great expense, time and trouble might have been saved if the patient's physician at home had only been taught how to successfully deal with such cases. The methods of treatment referred to in the title were fully explained and practically demonstrated, both in Potts' disease and lateral curvature, the objections which had been raised to them in certain quarters were shown to be without weight, and a large number of striking cases were exhibited by way of illustration. P. B. P.

# BOOK REVIEWS.

A SYSTEM OF PRACTICAL MEDICINE, by American Authors. Edited by WILLIAM PEPPER, M.D., LL.D., Assisted by LOUIS STARR, M.D., etc. Vol. III. Diseases of the Respiratory, Circulatory, and Hæmatopoietic Systems. 8vo., pp. 1032. Philadelphia: Lea Brothers & Co. 1885.

The third volume of this great work, which attained a merited popularity immediately on the issue of the first volume, is in no way inferior to its predecessors. It contains forty-seven articles, by twenty-seven authors. The volume opens with an article on "Laryngoscopy and Rhinoscopy," by Carl Seiler, M.D, which occupies over twenty pages. This is followed by Dr. Harrison Allen's article on "Diseases of the Nasal Passages." Dr. Hosmer A. Johnson contributes the paper on "Neuroses of the Larynx;" which is followed by two papers from the pen of Dr. A. Jacobi: "Acute Catarrhal Laryngitis," and "Pseudo-Membranous Laryngitis." Dr. Elsberg is the author of the articles on diseases of the larynx and trachea. Dr. Lefferts devotes nine pages to a consideration of tracheotomy. Dr. N. S. Davis writes of the "Diseases of the Bronchi," in twenty pages. The two articles on "Bronchial Asthma" and "Hay Asthma" are by W. H. Geddings, M.D., and the four following, on "Dilatation of the Bronchial Tubes," "Emphysema," "Collapse of the Lung," and "Congestion and Œdema of the Lungs," are by Dr. Samuel C. Chew. Dr. William Carson is the author of the four papers on "Hæmoptysis," "Pulmonary Apoplexy," "Abscess of the Lung," and "Gangrene of the Lung." The papers on "Croupous Pneumonia" and "Catarrhal Pneumonia" are respectively by Dr. Alfred Loomis and the Editor, Dr. Pepper. Dr. Beverly Robinson contributes the article on "Pulmonary Embolism," Dr. Austin Flint, Sr., that on "Pulmonary Phthisis," Dr. E. T. Bruen those on "Syphilitic Disease of the Lung," "Pneumonokoniosis," "Cancer of the Lungs," and "Pulmonary Hydatids." The paper on "Acute Miliary Tuberculosis" is by Dr. John S. Lynch, and that on "Diseases of the Pleura" by Dr. Frank Donaldson.

The Diseases of the Circulatory System are treated of in twelve articles, covering 260 pages, as follows: "Diseases of the Substance of the Heart," by William Osler, M.D.; "Endocarditis and Cardiac Valvular Diseases," by Alfred L. Loomis, M.D.; "Cyanosis and Congenital Anomalies of the Heart and Great Vessels," by Dr. Morris Longstreth; "Cardiac Thrombosis," by Dr. Beverly Robinson; "Neuroses of the Heart," by Dr. Flint; "Diseases of the Pericardium," by Dr. Da Costa; "The Operative Treatment of Pericardial Effusions," by Dr. John B. Roberts; "Diseases of the Aorta," by Dr. G. M. Garland; "Diseases of the Coronary, Pulmonary, Superior Mesenteric, Inferior Mesenteric, and Hepatic Arteries, and of the Cœliac Axis," by Dr. Elbridge G. Cutler; "Diseases of the Veins," by Dr. Andrew H. Smith; and "Diseases of the Mediastinum," by Dr. E. T. Bruen.

The remainder of the volume is concerned with